

## **Management Sciences for Health /Health Commodities and Services Management Program (MSH/HCSM) Progress Report: 1<sup>st</sup> April 2011- 30<sup>th</sup> June 2011**

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## **About MSH/HCSM**

The MSH/HCSM Program strives to build capacity within Kenya to effectively manage all aspects of health commodity management systems, pharmaceutical and laboratory services. MSH/HCSM focuses on improving governance in the pharmaceutical and laboratory sector, strengthening pharmaceutical management systems and financing mechanisms, containing antimicrobial resistance, and enhancing access to and appropriate use of medicines and related supplies.

## **Recommended Citation**

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## Acronyms and Abbreviations

ADT	ART Dispensing Tool
AOP	Annual Operational Plan
APHIA	AIDS Population and Health Integrated Assistance (project)
ART	Antiretroviral therapy
ARV	Antiretroviral (drug)
DANIDA	Danish International Development Agency
DDPC	Division of Disease Prevention and Control
DLTLD	Division of Leprosy, Tuberculosis and Lung Diseases
DOMC	Division of Malaria Control
DOP	Department of Pharmacy
DOD	Department of Defense
DRH	Division of Reproductive Health
EMMS	Essential Medicines and Medical Supplies
FP	Family planning
HCSM	Health Commodities and Services Management (Program)
HSCC	Health Sector Coordinating Committee
ICAP	International Centre for AIDS Care and Treatment Programs
ICC	Inter Agency Coordinating Committee
ITT	Inventory Tracking Tool
JICC	Joint Interagency Coordinating Committee
KEML	Kenya Essential Medicines List
KEMSA	Kenya Medical Supplies Agency
KMTC	Kenya Medical Training College
KNPP	Kenya National Pharmaceutical Policy
LMIS	Logistics Management Information System
MOH	Ministries of Health
MOMS	Ministry of Medical Services
MOPHS	Ministry of Public Health and Sanitation
MSH	Management Sciences for Health
MTC	Medicines and Therapeutics Committee
M&E	Monitoring and Evaluation
NASCOP	National AIDS/STI Control Program
NMTC	National Medicines and Therapeutics Committee
NPHLS	National Public Health Laboratory Services
PHC	Primary Health Care
PMI	President's Malaria Initiative
PMP	Performance Monitoring Plan
PPB	Pharmacy and Poisons Board
PSC-ICC	Procurement and Supply Chain Interagency Coordinating Committee
PV	Pharmacovigilance
RH	Reproductive Health
SDP	Service Delivery Point
SOP	Standard Operating Procedure
SPS	Strengthening Pharmaceutical Systems program
STG	Standard Treatment Guidelines
TB	Tuberculosis
TOT	Training of Trainers
TWG	Technical Working Group
USAID	U.S Agency for International Development
USG	United States Government
WRP	Walter Reed Program

## Executive Summary

The USAID awarded to the Management Sciences for Health (MSH) the Health Commodities and Services Management (HCSM) Program, a 5-year project starting 1<sup>st</sup> April 2011 to 31<sup>st</sup> March 2016.

The program aims to improve health outcomes by focusing on achieving the following results: (1) Strengthened MOMS/MOPHS commodity management systems, (2) Strengthened pharmaceutical policy and service delivery, and (3) Strengthened laboratory governance, commodity security, and service delivery.

During the quarter ending 30<sup>th</sup> June 2011, the HCSM focused on undertaking activities necessary for project start up. In addition, HCSM program implemented activities following approval from the USAID/Kenya mission. These activities were also in line with the MOH Program's operational plans.

Some key highlights for the quarter include the following:

### 1. Program Management

- The project held a successful launch on the 10<sup>th</sup> June 2011 that was officially graced by the presence of the Minister for Medical Services, Prof. Peter A. Nyong'o and senior MOMs/MOPHS and USAID/Kenya officials among other important guests.
- The project also held an orientation and change management training for all staff early in the quarter in order to prepare them for the expectations of the new project.
- A workplan was developed in collaboration with national and regional level counterparts and stakeholders such as FBO, Development Partners and USG implementing partners. The work plan covers an 18-month period ending 30<sup>th</sup> September 2012 and was submitted to USAID/K.
- A national baseline survey was conducted for the HCSM project. This informed target setting and the finalization of the Performance Monitoring Plan that was submitted to USAID.
- Commenced discussions with APHIAplus on co-location of the HCSM regional staff.

### 2. Strengthened MOMS/MOPHS commodity management systems. These activities were primarily aimed at maintaining the previous MOH Program gains as HCSM embarks on introducing/incorporating other health commodities to systems strengthening interventions

- Provided support to NASCOP, DOMC, DRH, NPHLS and DDFS in developing the monthly stock summary reports
- Supported the DRH to undertake a national quantification for the family planning commodities. As a result the FP commodity requirements for 2011/2012 were determined. MOPHS's Department of Reproductive Health will present the findings in a stakeholder forum. Also the department will work with KEMSA to procure the all the commodities using exchequer funding.
- Actively participated and provided technical inputs at various technical meetings convened by priority programs (NASCOP, DOMC, DRH, DLTLD, NPHLS & DDFS)

- Provided support to health facilities to implement electronic tools (the ART Dispensing Tool, the Inventory Tracking Tool)

**3. Strengthened pharmaceutical policy and services**

- Provided technical inputs to review of the pharmaceutical services operational manual including development of Job descriptions for pharmaceutical cadres
- Provided technical support to Walter Reed Project in training of 35 TOTs drawn from 12 health facilities under the South Rift Valley PEPFAR Program on pharmacovigilance
- Supported the Pharmacy and Poisons Board in disseminating pharmacovigilance reporting tools to facilities.
- Supported the Department of Pharmacy to distribute the national standard treatment guidelines and the Kenya Essential medicines List to health facilities.

**4. Strengthened commodity security and service delivery**

- Participated in meetings with key stakeholders to plan the implementation of the malaria rapid diagnostic kits
- Provided ordering and reporting tools on CD4 reagents to selected facilities
- Ongoing support for development of the national HIV lab commodities stock status reports

## Activity Progress Matrix

AOP Activity Ref	AOP Activity Indicator Ref	Output	Source (Ministry or Other)	Planned Activities (includes any other new activities )	Activity Status	Reason for Variance	Action plan
<b>Result Area 1: STRENGTHENED MOH COMMODITY MANAGEMENT</b>							
AOP 6: Section 5.1.2  DDPC proposed AOP 7, M&E section (page 15)  PMI Kenya MOP FY10, M&E Table (page 53)	LMIS tools reviewed, and disseminated. LMIS tools revised, printed and distributed to SDPs.  Strengthened quality and timeliness of data by the various data sources (HMIS, LMIS).	Regional commodity management teams who are capacitated to implement manual and electronic LMIS tools to support acquisition of commodity data for decision-making	AOP 6 : Table 5.2 (page 75); Table 5.2 (page 71)  DDPC proposed AOP 7 (page 15)	Strengthen commodity use information management for decision making at regional level in 8 regions to strengthen commodity usage reporting and feedback  a) Develop/review and avail manual LMIS tools to health facilities and district stores by end June 2012	Status: Ongoing  Availed soft copies of ARV LMIS tools, job aids and decentralization guidelines to 33 staff from ARV ordering points in Western province in collaboration with NASCOP through the ongoing orientations on new ARV Integrated tools	N/A	Provide soft copies of Integrated ARV LMIS tools and related materials in future orientations on new ARV Integrated tools in Nyanza, North Rift, Coast and North-eastern provinces.
AOP 6: Section 3.2,  Table 3.1, page 12 (Sector Priority interventions in AOP 6)  Section 5.1.2,	Strengthen sector stewardship and partnerships with all stakeholders        Operations of technical working	MoMS / MoPHS supported to operationalize ICCs and technical working groups with a key mandate to formulate and implement commodity security policies	AOP 6, Table 3.1 (page 12)	Provide technical leadership for commodity security and supply chain oversight at national level  a) Provide technical leadership for review of TORs and membership of health commodity-related TWGs, committees and ICCs to ensure they address supply chain and commodity security elements by Dec 2011	Status: Ongoing  Active participation in health commodity-related TWGs, committees, ICCs:-  <b>TB program:</b> 2 monthly TB Commodity TWG meetings held. Key action points: Prepared a	N/A	Continue supporting the key MOH programs to fully operationalize the commodity security committees        N/A

# HCSM WORKPLAN STATUS REPORT FOR YEAR 1, QUARTER 1 [April – June 2011]

AOP Activity Ref	AOP Activity Indicator Ref	Output	Source (Ministry or Other)	Planned Activities (includes any other new activities )	Activity Status	Reason for Variance	Action plan
Table 5.2, page 75 (Disease prevention and control)	groups (TWG) strengthened	Monthly Stock status summary reports generated by MoMS/MOPHS at central level of priority programs including malaria, ART FP, TB at regional level	AOP 6, Table 5.2, page 75 (Disease prevention and control)		<p>Distribution plan for KEMSA to reduce peripheral stock crisis</p> <p><b>FP program:</b> 1 FP TWG, 1 FP Donors meeting, 1 RH ICC meeting. Key recommendations/action points: FP commodity stock status, revival of the monthly FP supply chain meetings, inclusion of FP commodity agenda at the PSC-ICC, recommendations for addressing RH commodity and service provision issues discussed</p> <p><b>ART program:</b> 3 HIV Commodity security meetings. Key recommendations/action points: improved management of supply chain between NASCOP, pipelines and sites, further roll-out of ADT to all central sites, dissemination and follow-up actions on recent ART site supervision/DQA exercise</p> <p><b>Malaria program:</b> Organized 3 Malaria drug management subcommittee meetings. Key deliberations: preparation for 2011/12 F&amp;Q, current stock status.</p> <p><b>Others:</b> Technical guidance in National stakeholders' workshop on GF pharmaceutical country profile (ART, Malaria), review of ART quantification for GF Round 7 Phase 2</p>		
				b) Support MoMS/MOPHS in consensus building for a national health commodity LMIS by Dec 2011	<p>Status: Ongoing</p> <p>2 meetings held with KEMSA to conceptualize the national LMIS and plan for the key LMIS</p>	N/A	Collaborate with KEMSA in review and redesign of national LMIS system (from World Bank support)



# HCSM WORKPLAN STATUS REPORT FOR YEAR 1, QUARTER 1 [April – June 2011]

AOP Activity Ref	Activity Indicator Ref	Output	Source (Ministry or Other)	Planned Activities (includes any other new activities )	Activity Status	Reason for Variance	Action plan
					stakeholder meeting. The national LMIS will be critical in monitoring the usage of all health commodities.		
				f) Develop and implement stock status summary reporting package for central and regional level by June 2012	Status: Ongoing <b>ART program:</b> 3 monthly national ARV stock status reports generated in collaboration with NASCOP and stakeholders <b>Malaria program:</b> 3 Anti-malarial drug status reports, leading to the procurement of 4.2 million doses by PMI to prevent and reduce the duration of stock outs at KEMSA <b>FP program:</b> Monthly stock status summary reports prepared for April and May 2011	N/A	Develop stock status reports for TB program in collaboration with TB Commodity TWG
AOP 6: Section 5.4.8 Procurement  Table 5.34, 5.35 (AOP 6 output for MoPHS, MoMS procurement) (page 118)	Ensuring security for commodities and supplies (Annual procurement request schedules developed)	Annual forecasting and quantification undertaken and procurement Plan schedules developed and disseminated.	AOP 6 (page 118)	5. Develop/review guidelines and tools, and implement capacity building strategies for health commodity forecasting and quantification  d) Support MoMs/MOPHs take leadership and conduct forecasting and quantification, procurement planning and pipeline monitoring for priority health programs as scheduled	Status: Ongoing <b>FP program:</b> Annual F&Q workshop conducted in collaboration with DRH and stakeholders. Finalization of F&Q report, procurement plan pending.	N/A	Finalization of F&Q report, procurement plan to be done within next quarter.
MOMS Strategic plan,	EMMS incorporated into pre- and	Facility staff and regional	MOMS Strategic	6. Develop/review and disseminate curricula and training materials to			Hold meetings to discuss curriculum integration

# HCSM WORKPLAN STATUS REPORT FOR YEAR 1, QUARTER 1 [April – June 2011]

AOP Activity Ref	AOP Activity Indicator Ref	Output	Source (Ministry or Other)	Planned Activities (includes any other new activities )	Activity Status	Reason for Variance	Action plan
Table 6.7 (page 37)	in- service training curricula for core health workers (Pre- and In-service EMMS curricula developed)	commodity management teams supported to implement capacity building approaches in commodity management	plan 2008-12 (page 37)	improve commodity management  a) Develop integrated pre-service commodity management curricula for tertiary training institutions (universities and medical training colleges) by Sept 2012	Status: Ongoing <b>KMTC:</b> One planning meeting held with KMTC – plan for 4 trainings on ART Commodity Management for Pharmacy Diploma students from Mombasa (1), Machakos (1) and Nairobi (2). Review of ART Commodity management (PHC) curriculum: One meeting held with NASCOP to review materials.	N/A	with KMTC; finalization of PHC materials with NASCOP; finalization of the EMMS Guidelines and Training materials with DoP. 4 ART Commodity Management Trainings for KMTC Diploma in Pharmacy students scheduled for July 2011, and needs assessment by Sept 2011.
MoMS Strategic Plan 2008-12,	Logistics management and information system at all health facilities (electronic for levels 4 & 5 and manual for levels 2 & 3) - Functional LMIS at all health facilities (electronic and manual tools) LMIS tools reviewed, printed and disseminated to SDPs.	MOMS/MOPHS and priority programs supported to assess their health commodity Management Information System (MIS) requirements and develop and implement interventions for commodity data management	MoMS Strategic Plan 2008-12 (page 37)	7. Review the MoH health commodity electronic MIS requirements at central and peripheral levels to identify gaps, design and implement interventions  a) Review the ADT tool and scale up the user sites from the current 88 ARV Central sites to 250 central and stand-alone sites, by March 2012	Status: Ongoing Support for troubleshooting ADT provided to 5 sites:-  Bahati District Hospital (DH), Nyahururu DH, Karatina DH, Maragua DH and Mbagathi DH	N/A	Work with implementing partners (central and regional) to scale-up ADT software usage and support at health facilities
		MOH commodity MIS mapping report and implementation plan		b) Review the Inventory Tracking tool (ITT) and support its use in 30 current user facilities	Status: Ongoing Provided ITT package (software and manual) and OJT to 1 ICAP staff on use of ITT	N/A	Map ITT user sites (stores)  Work with implementing partners to scale-up ITT usage and support
AOP 6: Section			AOP 6:				

## HCSM WORKPLAN STATUS REPORT FOR YEAR 1, QUARTER 1 [April – June 2011]

AOP Ref	Activity Indicator Ref	Activity	Output	Source (Ministry or Other)	Planned Activities (includes any other new activities )	Activity Status	Reason for Variance	Action plan
5.1.2, (Disease Prevention and control)				Section 5.1.2, Table 5.2 (page 71, 75)				
AOP 6: Section 3.2, Table 3.1	Strengthen sector stewardship and partnerships with all stakeholders (Complete establishment of sector coordination process, ICCs and SWAp secretariat)	MoMS / MoPHS supported to operationalize ICCs and technical working groups with a key mandate to formulate and implement commodity security policies	AOP 6:- Table 3.1 (page 12);	9. Provide Technical leadership for review of TORs and development of work plan for the PSC-ICC  a) Advocate for the strengthening of the PSC-ICC through stakeholder consensus meetings by Dec 2011		Status: Ongoing  2 exploratory meetings held:  (i) Development partners – consensus on critical need for an expanded PSC-ICC that will coordinate issues on pharmaceuticals and other health commodities, e.g. policy, supply chain and procurement, pharmaceutical care, etc  (ii) with SWAp Secretariat for familiarization with the national health sector coordinating mechanism	N/A	2 consensus -building meetings planned for Quarter 4
Section 5.4.5	Documentation of secretarial function for sector coordination structure available. Enhance capacity of the SWAp secretariat; document the secretariat’s function for sector coordination structure (JICC, HSCC)		Table 5.31, (page 116);					
Section 6.2			Section 6.2 (pg 124)					
Result Area 2: STRENGTHENED PHARMACEUTICAL POLICY AND SERVICE DELIVERY								
AOP 5.2.6	Pharmacy: Capacity strengthening and retooling of management support, and service	Pharmaceutical services operational manual, charter, and standard	AOP 6  MOMS strategic plan	12. Technical and operational support to finalization and dissemination of pharmaceutical services operational manual, charter, and standard operating procedures of	Ongoing-  a) Ongoing review of the pharmaceutical services operational manual underway with development of Job	On course		The next steps are to finalize the pharmaceutical services operational manual.

## HCSM WORKPLAN STATUS REPORT FOR YEAR 1, QUARTER 1 [April – June 2011]

AOP Activity Ref	AOP Activity Indicator Ref	Output	Source (Ministry or Other)	Planned Activities (includes any other new activities )	Activity Status	Reason for Variance	Action plan
	delivery staff	operating procedures finalized and disseminated	2008 -2012 pg.15	<p>pharmaceutical services to support quality improvement and service delivery at all levels of the health system by March 2012.</p> <p>In addition, MSH/HCSM will provide technical assistance for finalization and launching of the DOP website by March 2012.</p> <p>MSH/HCSM will also support capacity building of the department's staff on website maintenance and content management by March 2012.</p> <p><i>(national level with regional representation)</i></p>	<p>descriptions for pharmaceutical cadres</p> <p>b) A case study of Kenya Pharmaceutical service charter shared with MSH/SPS projects from other countries</p> <p><b>Ongoing</b></p> <p>Training of 10 MOMs, DOP and HCSM staff on DOP website maintenance and content management done in May 2011</p>	On course	<p>Collaboratively with other partners, support the printing and dissemination of the Pharmaceutical services operational manual, charter, and standard operating procedures by March 2012</p> <p>Work with DOP to finalize website content in readiness for the official launch</p>
AOP 6 5.3.7	Pharmacy and Poisons Board: Capacity strengthening and retooling of management support, and service delivery staff	50 focal champions equipped with pharmacovigilance (PV) knowledge, skills and tools	AOP 6 Draft PPB AOP 7 2011-2012	<p><b>14.</b> Technical and operational support in sensitization of health care workers in all sectors (public, private, FBO) using the national pharmacovigilance materials with a focus on priority programs HIV/AIDS, TB, and Malaria</p> <p>a) On-going technical and operational support in sensitizing health care workers in all sectors (public, private, FBO) on pharmacovigilance using the revised national training curricula, job aids and manuals by March 2012.</p> <p>b) Follow up of trained health care</p>	<p><b>Ongoing-</b></p> <p>Collaboratively with Walter Reed Project, supported training of 35 TOTs drawn from 12 health facilities under the South Rift Valley PEPFAR Program on pharmacovigilance</p>	On course	Continue to collaborate with PPB, partners and priority programs to cascade sensitization of health care workers on Pharmacovigilance and also to disseminate PV guidelines and tools nationwide

## HCSM WORKPLAN STATUS REPORT FOR YEAR 1, QUARTER 1 [April – June 2011]

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				workers and their organizations and provision of technical support for the implementation of their action plans by September 2012. <i>(regional level)</i>			
AOP 6 5.3.7; 5.1.2	Pharmacy and Poisons Board: Ensuring security for commodities and supplies.	Institutionalization of post-marketing surveillance for strengthened medicines quality assurance and pharmacovigilance	AOP 6 KNPP 2010 (2.5.2.4) Ensuring access to medicines: Quality, safety and efficacy	<b>15.</b> Technical and operational support to PPB for post marketing surveillance surveys/activities in collaboration with NASCOP, DOMC, DLTLD, other programs and stakeholders  This will involve building capacity for: a) analysis and documentation of post marketing surveillance surveys results by March 2012  b) dissemination of post-marketing surveillance surveys/activities reports by September 2012	<b>Ongoing-</b>  a) Supported a one-day meeting to write the ARV post marketing surveillance (PMS) report  b) Provided technical input in writing of the ARV-PMS report	Delay in completion of the ARV PMS report because of competing priorities among the key stakeholders from NASCOP and PPB  Dissemination will commence after finalization of the reports	Finalize and disseminate PMS reports in the next quarter

# HCSM WORKPLAN STATUS REPORT FOR YEAR 1, QUARTER 1 [April – June 2011]

AOP Activity Ref	AOP Activity Indicator Ref	Output	Source (Ministry or Other)	Planned Activities (includes any other new activities )	Activity Status	Reason for Variance	Action plan
AOP 6 5.3.7	Pharmacy and Poisons Board: Capacity strengthening and retooling of management support, and service delivery staff	Pharmacovigilance reporting tools printed and disseminated to 1000 facilities and E-system implemented to boost reporting	AOP 6  Draft PPB AOP 7 2011-2012	<b>17.</b> Support to PPB to print and disseminate pharmacovigilance reporting tools and implement an electronic-system to boost reporting by September 2012	<b>On-going-</b>  a) Provided 40 copies of PV guidelines, 40 alert cards, 40 ADR and 40 poor quality reporting booklets to 12 health facilities that are supported by Walter Reed Project (US DOD-WRP)  b) Provided 40 PV guidelines, 40 Alert cards and 10 sets of PV reporting tools to Gertrude's Children Hospital and affiliated satellite sites  c) Provided 80 PV guidelines and 30 sets of PV reporting tools to Nyanza Provincial pharmacist for orientation of staff by NASCOP	On course	Ongoing dissemination of PV reporting tools to more health facilities
AOP 6 5.3.7	Pharmacy and Poisons Board: Capacity strengthening and retooling of management support, and service delivery staff	Revised PV national training curriculum, job aids and manuals	AOP 6	<b>18.</b> Ongoing support to PPB in the review and printing of PV national training curriculum, job aids and manuals by December 2011	<b>On-going-</b>  Finalized review of the 5-day PV training curriculum	Limited resources delayed printing of seed copies of curricula and job aids	Support printing of seed copies of seed copies of training materials and job aids
AOP 6 5.3.7	Pharmacy and Poisons Board: Resource mobilization and partner coordination	20 PPB and MOH staff equipped in pharmacovigilance data management and use; including pharmacovigilance information sharing, feedback and communication for decision	AOP 6  MOMS Strategic Plan 2008- 2012 pg 36 (Results framework strategic thrust 7)	<b>19.</b> Technical and operational support for PV data acquisition and information management.  This will involve:  a) analysis and report writing of post marketing surveillance surveys by March 2012	<b>Ongoing-</b>  a) Support to PV data acquisition and courier system  b) Supported PPB and NASCOP for PV data capture/entry  c) Disseminated the PV newsletter	On course	Build capacity of PPB, regional and facility staff to acquire, manage and utilize data for decision making

# HCSM WORKPLAN STATUS REPORT FOR YEAR 1, QUARTER 1 [April – June 2011]

AOP Activity Ref	AOP Activity Indicator Ref	Output	Source (Ministry or Other)	Planned Activities (includes any other new activities )	Activity Status	Reason for Variance	Action plan
		making		<p>b) the dissemination of post-marketing surveillance surveys/activities reports by June 2012 and</p> <p>c) participation in PMS activities in collaboration with other stakeholders</p> <p><i>(national and regional levels)</i></p>	to stakeholders during the HCSM launch		
AOP 6 5.1.2; 5.2.65; 5.4.3	<p>Disease prevention and control</p> <p>Pharmacy: Ensuring security for commodities and supplies:</p> <p>Technical Planning and monitoring</p>	Standard treatment guidelines and KEML reviewed /disseminated nationwide	<p>MOMS Strategic Plan 2008- 2012 pg 36 (Results framework strategic thrust 7)</p> <p>AOP 6;</p> <p>KNPP 2010(3.6.1)</p> <p>Promoting appropriate medicines use:</p>	<p><b>21.</b> Technical support to the, review / dissemination of National clinical and referral guidelines, KEML and program specific treatment guidelines e.g. national ART guidelines, across all sectors by September 2012.</p> <p><i>(review: at the national level with regional representation; dissemination: national &amp; regional levels)</i></p>	<p><b>Ongoing-</b></p> <p>a) National STGs and KEML distributed to sites via KEMSA as follows:</p> <ul style="list-style-type: none"> <li>• 7960 Vol. 3 clinical guidelines sent to 241 health facilities: 80 Level 5 facilities, 40 DHs, 15 SDHs</li> <li>• 951 National guidelines for Appropriate medicine use in Kenya sent to 5 level 5 hospitals, 5 DHs and 2 SDHs</li> <li>• 1109 KEML sent to 10 level 5 hospitals, 5 DHs and 3 SDHs</li> <li>• 300 Vol. II sent to level 2 and 3 facilities in Eastern and Central provinces.</li> </ul> <p>b) Participated in review of National ART guidelines leading the Health System strengthening section</p>	On course	<p>In collaboration with other partners continue disseminating National STGs and KEML to more facilities. Nationwide dissemination of Vol. I &amp; Vol. II of the clinical guidelines to clinics and health centers scheduled for July 2011</p> <p>In collaboration with DOP &amp; DANIDA, conduct 2 one-day dissemination training workshops in Nyanza and Coast province in the next quarter</p>

## HCSM WORKPLAN STATUS REPORT FOR YEAR 1, QUARTER 1 [April – June 2011]

AOP Activity Ref	AOP Activity Indicator Ref	Output	Source (Ministry or Other)	Planned Activities (includes any other new activities )	Activity Status	Reason for Variance	Action plan
<b>Result Area 3: SUPPORT TO LABORATORY COMMODITY SECURITY AND SERVICE DELIVERY</b>							
AOP 6 NHSSP II Obj. 4 (Pg 6)	Priority intervention: Strengthen the management and availability of commodities and supplies	Improved capacity for quantification at regional level.	Train PHMTs, DHMTs on L&M Skills (DDPC draft AOP 7 Sec 4.3, priority for 2011 / 2012)  Sec 3.4: 4 integrated supportive supervision conducted (DDPC draft AOP 7)	1) Work with regional management teams (PHMT, DHMTs, and County HMTs) and regional partners to provide facilities with tools for data collection and reporting. (by January, 2012)			Continue in the next quarter
		Improved laboratory commodity reporting rates for HIV test kits from 50% to 65%and Malaria RDT from 0% to 45%  Improved coordination of implementing partners		a)Provide facilities with tools for data collection and reporting	<b>Ongoing:</b> Facility consumption data (FCDRR) CD4 tools and sent to 79 facilities through NASCOP  - Developed a job aid for CD4 reporting manual tool	The activity is expected To continue based on the recommendation of the tools availability assessment report	
				a) Provide TA to NASCOP in the generation of laboratory ART commodities, monthly stock status report.	<b>Ongoing</b>  Provided technical support in generation of April and May 2011 HIV lab commodity 2-pager	The activity is expected To next quarter	continue in the next quarter
				b) provide TA for development of GF round 7 phase 2 RTKs national quantification report	<b>Completed</b>  Provided technical support in generating the second quarter (May , June July) GF RD 7 RTKs national quantification report		



## HCSM WORKPLAN STATUS REPORT FOR YEAR 1, QUARTER 1 [April – June 2011]

AOP Ref	Activity Indicator Ref	Activity	Output	Source (Ministry or Other)	Planned Activities (includes any other new activities )	Activity Status	Reason for Variance	Action plan
					c) provide TA for development of GF round 10 phase 1 CD4 and blood safety national quantification report	<u>ongoing</u> Participated in two meetings for generation of the draft report	Ongoing work	To finalize in the next quarter
AOP 6 Sec 5.1.2 (Pg 71)	Table 5.2, Ensure security of Commodities and Supplies	Improved laboratory commodity reporting rates at regional and Health facility level  Annual data quality audits undertaken	Regional draft AOP 7 (Proportion of health facilities that submit complete, timely and accurate reports to national level)	Support systems for transmission of information generated at the facility levels to the regional and national levels for decision making and commodity resupply by Dec. 2011.	a) Meeting held with NPHLS staff central data unit (CDU) on the status of LMIS, the capacity. Utilization and the type of the data the system is able to capture.	A comprehensive assessment on tools at the regional level is to be done by Dec 2011	Activity to continue in the next quarter	
AOP 6 5.1.2 (Pg 71)	Table 5.2, Ensure security of Commodities and Supplies	Improved access to and coverage of malaria RDTs at designated facilities		Support DOMC in the review of the RDT training curriculum;  a) Participate in planning meeting for the implementation of the new RDT guidelines	<u>completed</u> a) Participated in two implementation planning meeting of new RDT guide	Activity to continue to the next quarter		
				b) Participate in development of CHCW curriculum on malaria case management including RDTs	<u>Ongoing</u> Participated in development of the draft curriculum			
Result Area 4: AN EFFECTIVE AND EFFICIENT HCSM PROGRAM								
		10. MSH/HCSM Program Start-up		1. Undertake launch the HCSM Program	Completed – HCSM was launched on 10 June 2011 at a function presided over by the Minister for Medical Services	N/A	N/A	

## HCSM WORKPLAN STATUS REPORT FOR YEAR 1, QUARTER 1 [April – June 2011]

AOP Activity Ref	AOP Activity Indicator Ref	Output	Source (Ministry or Other)	Planned Activities (includes any other new activities )	Activity Status	Reason for Variance	Action plan
				2. Undertake joint HCSM workplan development for project year 1	Completed – stakeholders consultative meetings were held with GoK representatives from national and regional levels, as well as FBO and donor representatives during the work plan development process	N/A	N/A
				3. HCSM project staff orientation	Completed – HCSM Project orientation workshop for all staff was held from 11 to 13 May 2011	N/A	N/A
				4.Undertake Baseline Evaluation for setting program performance targets	<p>Completed – Level II of the survey (Facility Based) including the following tasks:</p> <ul style="list-style-type: none"> <li>• Development of survey proposal and data collection tools</li> <li>• Hiring and training of data collectors and team supervisors</li> <li>• Field testing and final review of the data collection tools</li> <li>• Actual data collection</li> <li>• Data analysis and generation of baseline results</li> </ul> <p>Ongoing</p> <ul style="list-style-type: none"> <li>- Level I (national level) survey to confirm the national level indicator baseline values</li> <li>- Baseline Survey Report Writing</li> </ul> <p>Not Done – Dissemination of the survey results</p>	<p>Baseline Results were obtained from the survey to inform the project PMP which has been submitted to USAID Kenya.</p> <p>However, the time available for conducting the two surveys was too short considering the other critical and time limited HCSM planning activities that were also due by end of June 2011 i.e. the HCSM 18 Month workplan and the HCSM Project M&amp;E Plan</p>	<p>The Level 1 survey and the baseline survey report to be completed by end of July 2011</p> <p>Dissemination of the survey results to be done in August 2011</p>

## HCSM WORKPLAN STATUS REPORT FOR YEAR 1, QUARTER 1 [April – June 2011]

AOP Activity Ref	AOP Activity Indicator Ref	Output	Source (Ministry or Other)	Planned Activities (includes any other new activities )	Activity Status	Reason for Variance	Action plan
		11. Provision of short term technical assistance and participation in international meetings and conferences		1. Attend international meetings/conferences, eg SPS global meetings, ICIUM, PEPFAR implementers, EARN Malaria workshop, RH International Meeting	4 HCSM staff attended the SPS global meeting in Arlington, USA to plan and share the lessons from Kenya.  1 HCSM staff and 1 MOMS/DOP staff attended the People That Deliver Conference in Geneva, Switzerland.		Apply lessons learnt from the international meetings and conferences